

# **ANNUAL STATEMENT**

# FOR THE YEAR ENDING DECEMBER 31, 2018 OF THE CONDITION AND AFFAIRS OF THE

AmeriHealth Caritas District of Columbia, Inc. (Name)

	0936 , ent Period)	00936 (Prior Period)	NAIC Comp	oany Code	15088	Employer's II	Number	46-1480213
Organized under the Laws of	f	District of Colu	mbia	, State o	f Domicile or	Port of Entry _	Distric	t of Columbia
Country of Domicile				United S		, –		
Licensed as business type:	•	& Health [ ] e Corporation [ ]	Vision S	//Casualty [ ] Service Corporation, Federally Quarter	tion[] He	ealth Maintenanc		ice or Indemnity [ ]
Incorporated/Organized		11/30/2012		Commenced	•	,	03/18/201	3
Statutory Home Office			0.144 0it-	_	_	\\\ \  - \  - \  - \  - \  - \  - \		
otatutory Florite Office	125	0 Maryland Avenue (Street and Nu		500,		(City or Town, Sta	on, DC, US 20 ate, Country and 2	
Main Administrative Office					Stevens Drive	•		
Philad	elphia, PA, US	5 19113		,	et and Number)	215-937-800	00	
	n, State, Country a				(A	rea Code) (Telephone		
Mail Address		d Avenue, S.W., Su	ite 500	,	(1	Washington, D		
Primary Location of Books ar	,	,			•	ens Drive	,	,
					(Street an	nd Number)		
	elphia, PA, US n, State, Country a		, .		(Area Co	215-937-800 ode) (Telephone Num		
Internet Web Site Address				www.amerihea	lthcaritasdc.c	com		
tatutory Statement Contact Terrence James Cunningham						202-3	26-8740	
(Name) tcunningham@amerihealthcaritasdc.com						(Area Code) (Telepho 202-408-016		tension)
<u> </u>	(E-Mail Address)					(Fax Number)		
			OFF	ICERS				
Name		Title	• • • • • • • • • • • • • • • • • • • •		Name			Title
Michael John Burgoyne	: #,	Treasure	•	Robert E	Edward Tootle	e, Esquire,	S	Secretary
	,		OTHER	OFFICER	S	,		
Russell Raymond Gianfor	rcaro,	President			en Margaret	Dale,	Mark	et President
		DIRE	CTORS	<b>OR TRUS</b>				
Michael John Burgoyne	#	Steven Harvey I	Bohner	_ Mai	rilyn Lee Eckl	ey #		
State ofP	ennsylvania							
County of	Philadelphia	ss						
The officers of this reporting entiabove, all of the herein describe that this statement, together wit liabilities and of the condition an and have been completed in acc may differ; or, (2) that state rules knowledge and belief, respective when required, that is an exact regulators in lieu of or in addition	d assets were the related exhibited affairs of the sordance with the sor regulations ely. Furthermore copy (except for	ne absolute property of its, schedules and explaid reporting entity as a NAIC Annual Statem require differences in the scope of this atter formatting differences	f the said repo- lanations there of the reportine ent Instructions reporting not restation by the	rting entity, free a ein contained, ann g period stated al s and Accounting in elated to accounting described officers	nd clear from a nexed or referr pove, and of its Practices and F ng practices ar also includes	any liens or claims ed to, is a full and is income and deduction and procedures manual and procedures, accurate related corresp	thereon, except true statemer ctions therefrom except to the cording to the bonding electron	ot as herein stated, and that of all the assets and m for the period ended, extent that: (1) state law est of their information, nic filing with the NAIC,
Michael John	Burgovne		Robert Edwa	ard Tootle, Esqu	ire			
Treasu				ecretary	5			
Subscribed and sworn to be day of	efore me this February,	2019			b. If no: 1. Sta 2. Da	s an original filing ate the amendme te filed mber of pages at	nt number	Yes [ X ] No [ ]

## **EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID**

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
019999 Total individuals	,	1	,	,		
Group subscribers:						
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	<b></b>					<b></b>
	<b>†</b>	ł			·	ł
	·				<b>+</b>	
	<del> </del>					
	<b></b>					<b>†</b>
	·····				1	<u> </u>
	1					
	1					
0299997 Group subscriber subtotal	10	<u> </u> 0	0	0	0	0
0299998 Premiums due and unpaid not individually listed						
0299999 Total group	<u>0</u>	]0	0	l0	0	0
0399999 Premiums due and unpaid from Medicare entities						ļ
0299999 Total group	3,038,199		0	9,251,412		13,216,573
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	3,038,199	926,962	0	9,251,412	0	13,216,573

## **EXHIBIT 3 - HEALTH CARE RECEIVABLES**

1	<u> </u>	3	1		6	7
Name of Debtor	2 1 - 30 Days	31 - 60 Days	61 - 90 Days	5 Over 90 Days	Nonadmitted	Admitted
Pharmaceutical Rebate Receivables	1 00 Bayo	01 00 Baye	or co baye		Hondaniida	7 turritted
PerformRx IIC		304,966	304,966	1,735,223	1,735,223	914,898
0199999 - Pharmaceutical Rebate Receivables	304,966		304,966	1,735,223	1,735,223	914,898
O199999 - Pharmaceutical Rebate Receivables Claim Overpayment Receivables			,	, ,	· · · · · · · · · · · · · · · · · · ·	,
		19,629	1,489,898		1,139,643	392,497
029998 - Aggregate of amounts not individually listed above.	252,136		7,413	2,182,500	1,287,156	1,188,905
O299998 - Aggregate of amounts not individually listed above.  O299999 - Claim Overpayment Receivables	274,749	53,641	1,497,311	2,182,500	2,426,799	1,581,402
		+				
		·			·····	
		<b>+</b>				
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0799999 Gross Health Care Receivables	579,715	358,607	1,802,277	3,917,723	4,162,022	2,496,300

## EXHIBIT 3A – ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

		eivables Collected the Year	Health Care Receivables Accrued as of December 31 of Current Year		5	6
Type of Health Care Receivables	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Claims Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables in Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
Pharmaceutical rebate receivables	1,689,852	1,679,622		2,650,121	1,689,852	1,786,743
Claim overpayment receivables	4,782,408	18,689,911	2,182,500	1,825,701	6,964,908	329,455
Loans and advances to providers	30,000				30,000	30,000
Capitation arrangement receivables					0	
Risk sharing receivables					0	
6. Other health care receivables					0	
7. Totals (Lines 1 through 6)	6,502,260	20,369,533	2,182,500	4,475,822	8,684,760	2,146,198

Note that the accrued amounts in columns 3, 4 and 6 are the total health care receivables, not just the admitted portion.

# **EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)**

Aging Analysis of Unpaid Claims								
1	2	3	4	5 04 400 Davis	6	7		
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total		
Claims Unpaid (Reported)								
0199999 Individually listed claims unpaid	n	0	0	Λ	Λ			
0299999 Aggregate accounts not individually listed-uncovered								
0399999 Aggregate accounts not individually listed-covered	8,641,674	169,769	139			8,811,582		
0499999 Subtotals	8,641,674	169,769	139	0	0	8,811,582		
0599999 Unreported claims and other claim reserves								
0699999 Total amounts withheld						54,508,43		
0799999 Total claims unpaid						63,320,013		
0899999 Accrued medical incentive pool and bonus amounts								

## **EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES**

1	2	3	4	5	6	Adm	itted
						7	8
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current
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			<b></b>	1	<b></b>		·····
			<b> </b>	1	·····		·····
				1			
0199999 Individually listed receivables	0	0	0	0	0	0	0
0199999 Individually listed receivables						•	
0399999 Total gross amounts receivable	0	0	0	0	0	0	0

## **EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES**

1	, , , , , , , , , , , , , , , , , , , ,	3	4	5
4.50	2	"	4 .	5
Affiliate	Description	Amount	Current	Non-Current
Amerihealth Caritas Services, LLC	Administrative and Staffing Services	2,117,186	2,117,186	
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		0.117.100	0 447 400	
0199999 Individually listed payables		2,117,186	2,117,186	0
0199999 Individually listed payables		325,958	2,117,186 325,958	
0399999 Total gross payables		2,443,144	2,443,144	0

## **EXHIBIT 7 - PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS**

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
Medical groups	4,530,398	0.9	17,912	14.6		4,530,398
2. Intermediaries		0.0		0.0		
3. All other providers		0.6	90,500	73.7		3,027,393
Total capitation payments	7,557,791	1.5	108,412	88.2	0	7,557,791
Other Payments:						
5. Fee-for-service		0.0	xxx	XXX		
Contractual fee payments			xxx	XXX	,	487, 178, 255
Bonus/withhold arrangements - fee-for-service		0.0	xxx	XXX		
Bonus/withhold arrangements - contractual fee payments		0.0	Lxxx	XXX		
9. Non-contingent salaries		0.0	xxx	XXX		
10. Aggregate cost arrangements		0.0	xxx	XXX		
11. All other payments		0.0	xxx	XXX		ļ
12. Total other payments	487,178,255	98.5	xxx	XXX	0	487, 178, 255
13. Total (Line 4 plus Line 12)	494,736,046	100 %	XXX	XXX	0	494,736,046

### **EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES**

	EXHIBIT 7 - PART 2 - SUMMART OF TRANSACTIONS	<u> </u>	CIVICALVIC	<u> </u>	
1	2	3	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC
NAIC Code	Name of Intermediary	Capitation Paid	Capitation	Total Adjusted Capital	Control Level RBC
	·	·	·		
			1		
			†	1	İ
			†		<b>†</b>
			†		
			†	·	<del> </del>
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	NIONE				
					<u> </u>
			1		<u> </u>
			†	1	<b>†</b>
			2007	2007	2007
9999999 Totals			XXX	XXX	xxx

## **EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED**

	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
Administrative furniture and equipment	412,511		361,934	50 ,577	50,577	
Medical furniture, equipment and fixtures						
Pharmaceuticals and surgical supplies						
Durable medical equipment						
5. Other property and equipment	4,002,459		443,602	3,558,857	3,558,857	
6. Total	4,414,970	0	805,536	3,609,434	3,609,434	0



# **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

**REPORT FOR: 1. CORPORATION** 

AmeriHealth Caritas District of Columbia, Inc.

IAIO Ossus Cada DIIONEGO IN THE CTATE OF	District of Oslambia			DUDING THE VEAD	0040			(LOCATION)	C Company Code	45000
AIC Group Code 00936 BUSINESS IN THE STATE OF			DURING THE YEAR 2018  Comprehensive							15088
	1	(Hospital &		4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										l
1. Prior Year	117 , 320	8,143							109 , 177	r
2 First Quarter	117 , 228	8,274							108,954	<b> </b>
3 Second Quarter	119,659	8,435							111,224	<b> </b>
4. Third Quarter	120,262	8,444							111,818	J
5. Current Year	122,878	8,094							114,784	<u></u>
6 Current Year Member Months	1,445,720	99,260							1,346,460	
Total Member Ambulatory Encounters for Year:										l
7. Physician	792,619	82,523							710,096	<b> </b>
8. Non-Physician	83,424	5,872							77,552	<u> </u>
9. Total	876,043	88,395	0	0	0	0	0	0	787,648	<u> </u>
10. Hospital Patient Days Incurred	53,207	4,562							48,645	<u> </u>
11. Number of Inpatient Admissions	8,730	517							8,213	<u> </u>
12. Health Premiums Written (b)	563,484,513	37 , 584 , 166							525,900,347	
13. Life Premiums Direct	0									<b> </b>
14. Property/Casualty Premiums Written	0									<b> </b>
15. Health Premiums Earned	563,484,513	37 , 584 , 166							525,900,347	
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	494 ,736 ,046								447 , 358 , 203	
18. Amount Incurred for Provision of Health Care Services	490,783,735	50,732,673							440,051,062	l

(a) For health business: number of persons insured under PPO managed care products 0	and number of persons insured under indemnity only products $0$

<sup>(</sup>b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$......0



# **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

**REPORT FOR: 1. CORPORATION** 

AmeriHealth Caritas District of Columbia, Inc.

2. \_

NIC Group Code 00936 BUSINESS IN THE STATE OF	Consolidated			DURING THE YEAR 20	118			(LOCATION)	15088	
BOOMESO IN THE OTHER OF	1	Comprehe (Hospital & I	ensive Medical)	4	5	6	7	8	IC Company Code 9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	117,320	8,143	0	0	0	0	0	0	109 , 177	
2 First Quarter	117,228	8,274	0	0	0	0	0	0	108,954	
3 Second Quarter	119,659	8,435	0	0	0	0	0	0	111,224	
4. Third Quarter	120,262	8,444	0	0	0	0	0	0	111,818	
5. Current Year	122,878	8,094	0	0	0	0	0	0	114,784	
6 Current Year Member Months	1,445,720	99,260	0	0	0	0	0	0	1,346,460	
otal Member Ambulatory Encounters for Year:										
7. Physician		82,523	0	0	0	0	0	0	710,096	
8. Non-Physician	83,424	5,872	0	0	0	0	0	0	77,552	
9. Total	876,043	88,395	0	0	0	0	0	0	787,648	
Hospital Patient Days Incurred	53,207	4,562	0	0	0	0	0	0	48,645	
Number of Inpatient Admissions	8,730	517	0	0	0	0	0	0	8,213	
Health Premiums Written (b)	563,484,513	37 , 584 , 166	0	0	0	0	0	0	525,900,347	
Life Premiums Direct	0	0	0	0	0	0	0	0	0	
Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	
5. Health Premiums Earned	563,484,513	37 , 584 , 166	0	0	0	0	0	0	525,900,347	
6. Property/Casualty Premiums Earned		0	0	0	0	0	0	0	0	
7. Amount Paid for Provision of Health Care Services	494,736,046	47 , 377 , 843	.0	.0	0	.0	.0	.0	447 , 358 , 203	
Amount Incurred for Provision of Health Care Services	490,783,735	50,732,673	0	0	0	0	0	0	440,051,062	

(a) For health business: number of persons insured under PPO managed care products 0and number of persons insured under indemnity only products 0and number of persons insured under indemnity only products 0and number of persons insured under indemnity only products 0and number of persons insured under indemnity only products 0and number of persons insured under indemnity only products 0_and number of persons insured under indemnity only products 0_and number of persons insured under indemnity only products 0_and number of persons insured under indemnity only products 0_and number of persons insured under indemnity only products 0_and number of persons insured under indemnity only products 0_and number of persons insured under indemnity only products 0_and number of persons insured under indemnity only products 0_and number of persons insured under indemnity only products 0_and number of persons insured under indemnity only products 0_and number of persons insured under indemnity only products 0_and number of persons insured under indemnity only products 0_and number of persons insured under indemnity only products 0_and number of persons insured under indemnity only persons 0_and number of 0_and number of 0_and number of 0_and number of 0_and number of 0_and number of 0_and number of 0_and number of 0_and number o	
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Schedule S - Part 1 - Section 2

**NONE** 

Schedule S - Part 2

**NONE** 

Schedule S - Part 3 - Section 2

NONE

Schedule S - Part 4

**NONE** 

Schedule S - Part 5

**NONE** 

## **SCHEDULE S - PART 6**

Five-Year Exhibit of Reinsurance Ceded Business (\$000 Omitted)

		Omitted)			
	1 2018	2 2017	3 2016	4 2015	5 2014
A. OPERATIONS ITEMS					
A. GI ERATIONO TENIO					
1. Premiums	0	0	0	0	0
Title XVIII-Medicare	0	0	0	67	10
3. Title XIX-Medicaid	0	0	0	0	0
4. Commissions and reinsurance expense allowance	0	0	0	0	0
Total hospital and medical expenses	0	0	0	0	351,416
B. BALANCE SHEET ITEMS					
Premiums receivable	0	0	0	0	0
7. Claims payable			0	0	0
Reinsurance recoverable on paid losses					0
Experience rating refunds due or unpaid	0	0	0	0	0
Commissions and reinsurance expense allowances du	e. 0	0	0	0	0
11. Unauthorized reinsurance offset	0	0	0	0	0
12. Offset for reinsurance with Certified Reinsurers	0	0	0	0	0
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F)	0	0	0	0	0
14. Letters of credit (L)	0	0	0	0	0
15. Trust agreements (T)	0	0	0	0	0
16. Other (O)	0	0	0	0	0
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust	0	0	0	0	0
18. Funds deposited by and withheld from (F)	0	0	0	0	0
19. Letters of credit (L)	0	0	0	0	0
20. Trust agreements (T)	0	0	0	0	0
21. Other (O)	0	0	0	0	0

## **SCHEDULE S - PART 7**

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

		1	2	3
		As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
	ASSETS (Page 2, Col. 3)			
1.	Cash and invested assets (Line 12)	109,249,989		109 , 249 , 989
2.	Accident and health premiums due and unpaid (Line 15)	13,216,573		13,216,573
3.	Amounts recoverable from reinsurers (Line 16.1)	0		0
4.	Net credit for ceded reinsurance	xxx	0	0
5.	All other admitted assets (Balance)	4,784,448		4,784,448
6.	Total assets (Line 28)	127,251,010	0	127, 251, 010
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	63,320,013	0	63,320,013
8.	Accrued medical incentive pool and bonus payments (Line 2)	0		0
9.	Premiums received in advance (Line 8)	0		0
10.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount).	0		0
11.	Reinsurance in unauthorized companies (Line 20 minus inset amount)	0		0
	Reinsurance with Certified Reinsurers (Line 20 inset amount)			0
	Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)			0
14.	All other liabilities (Balance)	19,850,620		19,850,620
15.	Total liabilities (Line 24)	83,170,633	0	83 , 170 , 633
16.	Total capital and surplus (Line 33)	44,080,377	XXX	44,080,377
17.	Total liabilities, capital and surplus (Line 34)	127 , 251 , 010	0	127,251,010
	NET CREDIT FOR CEDED REINSURANCE			
18.	Claims unpaid	0		
19.	Accrued medical incentive pool	0		
20.	Premiums received in advance	0		
21.	Reinsurance recoverable on paid losses	0		
22.	Other ceded reinsurance recoverables	0		
23.	Total ceded reinsurance recoverables	0		
24.	Premiums receivable	0		
25.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
26.	Unauthorized reinsurance	0		
27.	Reinsurance with Certified Reinsurers.	0		
28.	Funds held under reinsurance treaties with Certified Reinsurers	0		
29.	Other ceded reinsurance payables/offsets	0		
30.	Total ceded reinsurance payables/offsets	0		
31.	Total net credit for ceded reinsurance	0		

# SCHEDULE T – PART 2 INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN

					siness Only		
States, Etc.		1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
1. Alabama							
2. Alaska	AK						
3. Arizona	AZ						
4. Arkansas	AR						-
5. California							-
6. Colorado	CO						-
7. Connecticut							-
8. Delaware							-
9. District of Columbia	DC						
10. Florida			-				-
11. Georgia	GA		-				-
12. Hawaii							-
13. Idaho							
14. Illinois	IL		-			·	·
15. Indiana	IN		-			·	-
16. lowa	JA		-			-	-
17. Kansas			-			-	-
18. Kentucky							
19. Louisiana	LA						
20. Maine			-			ļ	-
21. Maryland							
22. Massachusetts							
23. Michigan							
24. Minnesota	MN						
25. Mississippi							
26. Missouri	MO						.
27. Montana	MT						
28. Nebraska	NE						
29. Nevada							
30. New Hampshire							
31. New Jersey	NJ						
32. New Mexico	NM						
33. New York	NY						
34. North Carolina	NC						
35. North Dakota	ND						
36. Ohio	HO						
37. Oklahoma	OK						
38. Oregon	OR						
39. Pennsylvania	PA						
40. Rhode Island	RI		<b>.</b>				
41. South Carolina	SC		<b>.</b>				
42. South Dakota	SD						
43. Tennessee	TN						
44. Texas	XT		.				
45. Utah	T		.				
46. Vermont	VT						
47. Virginia	NA						
48. Washington	WA						
49. West Virginia	WV						
50. Wisconsin	WI						
51. Wyoming	WY						
52. American Samoa	AS						
53. Guam							
54. Puerto Rico							
55. US Virgin Islands							
56. Northern Mariana Islands							
57. Canada							
58. Aggregate Other Alien							
59. Totals		0	1	0	0	0	

1	2	3	4	5	6	7 Name of Securities	8	9	10	11	12 Type of Control (Ownership.	13	14	15	16
						Exchange if			Relationship		Board.	If Control is		Is an SCA	
		NAIC				Publicly	Names of		to		Management,	Ownership		Filing	
Group		Company		Federal		Traded (U.S. or	Parent, Subsidiaries	Domiciliary		Directly Controlled by	Attorney-in-Fact,	Provide	Ultimate Controlling	Required?	
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	Location	Entity	(Name of Entity/Person)	Influence, Other)	Percentage	Entity(ies)/Person(s)	(Y/N)	*
00000		00000	47 - 1233198				Independence Health Group, Inc.	PA	UIP				Ladamadana	N	
00000		00000	23-2425461				AmeriHealth, Inc.	PA	UIP	Independence Health Group,	Ownership.	100.0	Independence Health Group, Inc	N N	
00000			23-2423401	-			Allier ineartii, iiic	FA	VIF	IIIC	. ownerstrip	100.0	Independence	JN	
00000		00000	46-5339475				Tandigm Health, LLC	DE	NIA	AmeriHealth. Inc	Ownership	100.0	Health Group, Inc	l N	
			10 0000 11 0				1		1	Trinor mounting mo	. 0 111101 0111 p		Independence		
00000		00000	82-4299279				Tandigm MSO LLC	PA	NIA	Tandigm Health, LLC	Ownership	100.0	Health Group, Inc		
													Independence		
										A (FOW)			Health Group, Inc.		
										AmeriHealth, Inc. (50%) / Comcast Connected Health, LLC			/ Comcast Connected Health,		
00000		00000	82-5264307				1819 LLC	DE	NIA	(50%)	Ownership	50.0	LLC	l N	
00000			02 0204007				1010 EE0		11/1/	(00%)	. o #1101 5111 p		Independence		
00000		00000	46-3867722				Independence Blue Cross, LLC	PA	NIA	AmeriHealth, Inc	Ownership	100.0	Health Group, Inc	N	
													Independence		
00000		00000	98-0438502				InsPro Technologies Corp	DE	NIA	Independence Blue Cross, LLC	Ownership	25.2	Health Group, Inc	N	
00000		00000	23-2800586				The Amerillanith Annual Inc	PA	NIA	Independence Blue Cross, LLC	O	100.0	Independence Health Group, Inc		
00000	Independence Health Group,		23-2000300	-			The AmeriHealth Agency, Inc	PA	N I A	Independence blue cross, LLC	ownership	100.0	Independence	N	
00936	Inc.	12812	30-0326654				Region 6 Rx Corp.	PA	IA	Independence Blue Cross, LLC.	Ownership	100 0	Health Group, Inc	l N	
	Independence Health Group,		00 002000				l segren e na eerp mannen						Independence		
00936	Inc	. 95794	51-0296135				Healthcare Delaware, Inc	DE		Independence Blue Cross, LLC	Ownership	100.0	Health Group, Inc	И	
	Independence Health Group,		00 0005040				l	25					Independence		
00936	Inc	60254	23-2865349	-			Independence Insurance, Inc	DE	IA	Independence Blue Cross, LLC	Ownership	100.0	Health Group, Inc	N	
00000		00000	98-0426648				AmeriHealth Assurance, Ltd	BMU	NIA	Independence Blue Cross, LLC	Ownerchin	100.0	Independence Health Group, Inc	l N	
00000			30-0420040				Allier mearth Assurance, Etu	DIVIO		I macpendence brue cross, ELC	. Owner strip	100.0	Independence		
00000		00000	23-2795357				AmeriHealth Services, Inc	PA	NIA	Independence Blue Cross, LLC	Ownership	100.0	Health Group, Inc	N	
							NS Assisted Living Communities,				'		Independence		
00000		00000	23-2824200				Inc	PA	NIA	AmeriHealth Services, Inc	Ownership	100.0	Health Group, Inc	N	
00000		00000	23-2982367				Independence Holdings, Inc.	PA	NIA	Independence Blue Cross, LLC.	Ownership	100.0	Independence Health Group, Inc.	l M	
00000			23-2902301	-			Tindependence nordings, inc	FA	INTA	Independence brue cross, LLC.	. Owner Strip	100.0	Independence	IN	
													Health Group. Inc.		
													/ Mercy Health		
00000		00000	23-2944969	.			KMHP Holding Company, Inc	PA	NIA	Independence Holdings, Inc	Ownership	50.0	Plan	N	
										Independence Holdings, Inc.			l		
00000		00000	66-0195325				PRHP, Inc.	PR	NI A	(93.7%) / QCC Insurance	Ownership	100.0	Independence		
00000	Independence Health Group,	00000	00-0190320	-			FNNF , THU		NIA	Company (6.3%)	Ownership	1100.0	Health Group, Inc Independence	<sup>N</sup>	
00936	Inc	93688	23-2184623	1			QCC Insurance Company	PA	I.A	Independence Blue Cross, LLC	Ownership	100.0	Health Group. Inc	l N	
				1				1		'	]		Independence		
00000		00000	81-0681081	.			Veridign Health Solutions, LLC	PA	NIA	QCC Insurance Company	Ownership	100.0	Health Group, Inc	N	
1		l					International Plan Solutions,			1	l		Independence		ĺ
00000		00000	27 -0204996				LLC	DE	NIA	QCC Insurance Company	Ownership	38 . 2	Health Group, Inc	N	
00000		00000	23-2903313				Highway to Health, Inc.	DE	NIA	International Plan Solutions, LLC	Ownership.	13.0	Independence Health Group, Inc	N.	
UUUUU			∠Ა•∠Უ∪ᲐᲐ I Ა				µmynway to ⊓cartii, iiic	.		LLV	1 0 MIIGT 2111 h	JIS.U	mearth broup, INC	N	

		1 2	1 4	1 -	0	7		9	10	I 44	10	1 40	1 44	1 45	10
1	2	3	4	5	6	7 Name of Securities	8	9	10	11	12 Type of Control	13	14	15	16
						Exchange if			Relationship		(Ownership, Board.	If Control is		Is an SCA	
		NAIC				Publicly	Names of		to		Management,	Ownership		Filing	
Group		Company	' ID	Federal		Traded (U.S. or	Parent, Subsidiaries	Domiciliary		Directly Controlled by	Attorney-in-Fact,	Provide	Ultimate Controlling	Required?	
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	Location	Entity	(Name of Entity/Person)	Influence, Other)	Percentage	Entity(ies)/Person(s)	(Y/N)	*
00000		00000	98-0408753				HTH Re, Ltd.	BMU	NIA	Highway to Health, Inc	Ownership	13 0	Independence Health Group, Inc.	N	
00000		. 00000	. 30-04007 33				Worldwide Insurance Services,	DINIO		Inighway to hearth, hic	Owner 3111p	13.0	Independence	··············	
00000		00000	54-1867679				LLC	VA	NIA	Highway to Health, Inc	Ownership	13.0	Health Group, Inc.	N	
1							AmeriHealth Administrators,						Independence		
00000		00000	23-2521508				Inc	PA	NIA	Independence Blue Cross, LLC AmeriHealth Administrators,	Ownership	100.0	Health Group, Inc.	ļN	
00000		00000	13-3155962				Self Funded Benefits, Inc.	NJ	NIA	Inc.	Ownership	100 0	Independence Health Group, Inc.	N	
00000	Independence Health Group,						Joern Funded Benefitts, The			1110	. O #1101 3111 p		Independence		
00936	Inc	16053	81-3078234				Independence Assurance Company	PA	I A	Independence Blue Cross, LLC.	Ownership	100.0	Health Group, Inc.	N	
	Independence Health Group,	05044	00 0044400					B.				400 0	Independence		
00936	IncIndependence Health Group,	95044	23-2314460				AmeriHealth HMO, Inc	PA		Independence Blue Cross, LLC	Ownership	100.0	Health Group, Inc. Independence	N	
00936	Inc.	95056	23-2405376				Keystone Health Plan East, Inc	PA	IA	Independence Blue Cross, LLC	Ownership	100 0	Health Group, Inc.	I N	
00000							1			Keystone Health Plan East,	0 11101 0111 p		Independence	1	
00000		. 00000	82-3774494				KHPE SubCo, Inc	PA	NIA	Inc	Ownership	100.0	Health Group, Inc.	N	
00000	Independence Health Group,	F 4704	00 0070070				Independence Hospital Indemnity	D.	1.4	Ladaranda a Blass Ossas III O	0	400 0	Independence	١.,	
00936	Inc	54704	23-0370270				Plan, IncIndependence Blue Cross	PA	I A	Independence Blue Cross, LLC Independence Hospital	Ownersnip	100.0	Health Group, Inc.	N	
00000		00000	. 36-4685801				Foundation	PA	OTH	Indemnity Plan, Inc	Board	0.0	Health Group, Inc.	l N	
										Independence Hospital			Independence		
	Independence Health Group,	5.700	00 0704407				Inter-County Hospitalization	5.		Indemnity Plan, Inc. (50%) /			Health Group, Inc.	١	
00936	Inc	54/63	23-0724427				Plan, Inc.	PA	I A	Highmark, Inc. (50%)	Ownership	50.0	/ Highmark Health Independence	N	
	Independence Health Group,									Indemnity Plan, Inc. (50%) /			Health Group, Inc.		
00936	Inc	53252	23-2063810				Inter-County Health Plan, Inc	PA	I A	Highmark, Inc. (50%)	Ownership	50.0	/ Highmark Health	N	
							AmeriHealth Casualty Holdings,				'		Independence		
00000		00000	. 46 - 3878323				LLC	РА	NIA	AmeriHealth, Inc.	Ownership	100.0	Health Group, Inc.	ļN	
00000		00000	25-1686685				CompServices, Inc.	PA	NIA	AmeriHealth Casualty Holdings, LLC	Ownership	100 0	Independence Health Group, Inc.	N	
00000		. 00000	. 25-1000005				1 00mp001 v 1003 ; 1110				0 #1101 3111 p		Independence		
00000		00000	25-1765486				CSI Services, Inc.	PA	NIA	CompServices, Inc	Ownership	100.0	Health Group, Inc.	N	
00000		00000	46-3893959				AmeriHealth New Jersey	D.	ALL A	Amarilla al Marilla	Own a mala ' :	400 0	Independence		
00000		00000	. 40 - 3893959				Holdings, LLC	PA	NIA	AmeriHealth, Inc	Ownership	100.0	Health Group, Inc. Independence	N	
													Health Group, Inc.		
										AmeriHealth New Jersey			/ Cooper Medical		
00000		. 00000	61-1741302				AmeriHealth New Jersey, LLC	DE	NIA	Holdings, LLC	Ownership	92.4	Services, Inc	N	
													Independence		
							AmeriHealth TPA of New Jersev.						Health Group, Inc. / Cooper Medical		
00000		00000	61-1741805				LLC	NJ	NIA	AmeriHealth New Jersey, LLC	Ownership	92.4	Services, Inc	N	
		]											Independence		
													Health Group, Inc.		
	Independence Health Group,	60064	22-3338404				AmeriHealth Insurance Company	NI I	1.4	AmoriHoolth Now Jarasy 110	Ownorch:	02.4	/ Cooper Medical		
00936	Inc.	F0UU0]					of New Jersey	J\J	I A	AmeriHealth New Jersey, LLC	ownersnip	92.4	Services, Inc	. <b>.</b> N	

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
						Name of Securities					Type of Control (Ownership,				
						Exchange if			Relationship		Board,	If Control is		Is an SCA	
0		NAIC	ID	Federal		Publicly	Names of	Damiailian	to	Discontinu Countralia di hui	Management,	Ownership	Lillian et a Constantiin e	Filing	
Group Code	Group Name	Company Code	ID Number	RSSD	CIK	Traded (U.S. or International)	Parent, Subsidiaries Or Affiliates	Domiciliary Location	Reporting Entity	Directly Controlled by (Name of Entity/Person)	Attorney-in-Fact,	Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Required?	*
	Oldap Hallio	0000		11002	J v	micria de mai,	G17	2004.011		(riamo or Emagri orosin)	macrico, carery		Independence	( )	
							Annual Haralda IIMO a Cintana Isaa aa						Health Group, Inc.		
00000		00000	35-2511976				AmeriHealth HMO of New Jersey,	NJ	NIA	AmeriHealth New Jersey, LLC	Ownerchin	02.4	/ Cooper Medical Services, Inc.	l M	
00000		. 00000	00-2011070				The .			Amor mourth new sersey, LLo	. O#IIC13IIIP		Independence		
00000		. 00000	82-3756593				AHI SubCo 1, Inc	РА	UIP	AmeriHealth, Inc	Ownership	100.0	Health Group, Inc	N	
00000		00000	00 0770000				ALL Out On On Inc.	D.A	IIID	AUL Octor A. Las	0		Independence		
00000		. 00000	82-3770369				AHI SubCo 2, Inc	PA	UIP	AHI SubCo 1, IncAHI SubCo 2, Inc. (95%) /	Ownership	100.0	Health Group, Inc	N	
00000		00000	45-3672640				IBC MH LLC	DE.	UIP	KHPE SubCo, Inc. (5%)	Ownership.	100.0	Health Group, Inc	N	
	Independence Health Group,										'		Independence		
00936	Inc	96660	23 <b>-</b> 2408039				Vista Health Plan, Inc	PA	I A	IBC MH LLC	Ownership	100.0	Health Group, Inc	N	
													Independence Health Group, Inc.		
													/ Blue Cross Blue		
00000		00000	30-0703311				BMH LLC	DE	UIP	IBC MH LLC	Ownership	61.3	Shield of Michigan.	N	
													Independence		
							AmeriHealth Caritas Services.						Health Group, Inc. / Blue Cross Blue		
00000		00000	45 - 5415725				LLC	DE	NIA	BMH LLC	Ownership	61.3	Shield of Michigan.	l N	
													Independence		
													Health Group, Inc.		
00000		00000	38-3946080				BMH SUBCO I LLC.	DE	UIP	BMH LLC.	Ownership	61 3	/ Blue Cross Blue Shield of Michigan	l M	
00000		. 000000	30-3340000				I DINIT SODOO T EEC	DL		Divil LLO.	Ownersinp		Independence		
													Health Group, Inc.		
00000		00000	00 0700040				DMIL OUDOO 11 11 0	DE	IIID	BMH LLC	0	04.0	/ Blue Cross Blue		
00000		. 00000	80-0768643				BMH SUBCO II LLC	DE	UIP	BMH LLC	Ownership		Shield of Michigan. Independence	N	
													Health Group, Inc.		
										BMH SUBCO I LLC (50%) / BMH			/ Blue Cross Blue		
00000		. 00000	23 <b>-</b> 2842344				Keystone Family Health Plan	PA	NIA	SUBCO    LLC (50%)	Ownership		Shield of Michigan. Independence	N	
													Health Group, Inc.		
										BMH SUBCO I LLC (50%) / BMH			/ Blue Cross Blue		
00000		. 00000	23 - 2859523				AmeriHealth Caritas Health Plan.	PA	UIP	SUBCO II LLC (50%)	Ownership	61.3	Shield of Michigan.	N	
													Independence		
	Independence Health Group.						AmeriHealth Caritas Louisiana.						Health Group, Inc. / Blue Cross Blue		
00936	Inc	14143	27 - 3575066				Inc.	LA	IA	AMHP Holdings Corp	Ownership		Shield of Michigan.	N	
					[						,		Independence		
	Independence Health Creiin												Health Group, Inc. / Blue Cross Blue		
00936	Independence Health Group,	15800	47 - 3923267				AmeriHealth Caritas Iowa, Inc	LA	IA	AMHP Holdings Corp.	Ownership		Shield of Michigan.	N	
00000	1110	. 10000		4			prinor mountin our reas rolla, mo	·······	· · · · · · · · · · · · · · · · · · ·	Trans Horaringo ourp	1 ~ "1101 0111 P	I	oniora or mronigan.	4	

		_													
1	2	3	4	5	6	7 Name of Securities	8	9	10	11	12 Type of Control (Ownership,	13	14	15	16
						Exchange if			Relationship		Board,	If Control is		Is an SCA	
Group		NAIC Company	ID	Federal		Publicly Traded (U.S. or	Names of Parent, Subsidiaries	Domiciliary	to Reporting	Directly Controlled by	Management, Attorney-in-Fact,	Ownership Provide	Ultimate Controlling	Filing Required?	
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	Location	Entity	(Name of Entity/Person)	Influence, Other)		Entity(ies)/Person(s)	(Y/N)	*
													Independence		
	Independence Health Group.												Health Group, Inc. / Blue Cross Blue		
00936	Inc.	15104	46-0906893				AmeriHealth Michigan, Inc	MI	LA	AMHP Holdings Corp	Ownership	61.3	Shield of Michigan.	l N	
							J			]			Independence	1	
	Lada and an and Hardala Carre						Onland Harlth of Outh						Health Group, Inc.		
00936	Independence Health Group,	05459	57 - 1032456				Select Health of South Carolina, Inc.	SC	I A	AMHP Holdings Corp	Ownership	61.3	/ Blue Cross Blue Shield of Michigan	l N	
00330	1116	. 30430	. 37 - 1032430				Carorina, inc			Amili Horarigs corp	. Owner sirrp		Independence	1	
													Health Group, Inc.		
00000	Independence Health Group,	45000	10 1100010				AmeriHealth Caritas District of	<b>D</b> 0	DE			04.0	/ Blue Cross Blue		
00936	Inc	. 15088	. 46 - 1480213				Columbia, Inc	DC	RE	AMHP Holdings Corp	.Ownership		Shield of Michigan. Independence	N	
													Health Group, Inc.		
										AmeriHealth Caritas Health			/ Blue Cross Blue		
00000		. 00000	. 27 -0863878	.			PerformRx, LLC	PA	NIA	Plan	Ownership	61.3	Shield of Michigan.	N	
													Independence Health Group, Inc.		
													/ Blue Cross Blue		
00000		. 00000	61-1729412				PerformSpecialty, LLC	PA	NIA	PerformRx, LLC	Ownership	61.3	Shield of Michigan.	N	
										,	'		Independence	1 1	
										Amarillaalth Caritaa Haalth			Health Group, Inc. / Blue Cross Blue		
00000		00000	26-1809217				PerformRx IPA of New York, LLC	NY	NIA	AmeriHealth Caritas Health Plan	Ownership.	61 3	Shield of Michigan.	l N	
00000		. 00000	. 20-1003217				TOTAL TIME TOTAL TOTAL TOTAL TOTAL			1411			Independence	1'\	
													Health Group, Inc.		
00000		00000	00 4444000				AMUR II I I I	D.4	LIDD	AmeriHealth Caritas Health		04.0	/ Blue Cross Blue		
00000		. 00000	. 26-1144363				AMHP Holdings Corp	PA	UDP	P1an	.Ownership		Shield of Michigan. Independence	N	
							Community Behavioral						Health Group, Inc.		
							Healthcare Network of						/ Blue Cross Blue		
00000		00000	25-1765391	.			Pennsylvania, Inc	PA	NIA	AMHP Holdings Corp	Ownership	61.3	Shield of Michigan.	N	
										Community Behavioral			Independence Health Group, Inc.		
	Independence Health Group,									Healthcare Network of			/ Blue Cross Blue		
00936	Inc	. 13630	26-0885397				CBHNP Services, Inc	PA	I A	Pennsylvania, Inc	Ownership	61.3	Shield of Michigan.		
													Independence		
							AmeriHealth Caritas Indiana.			AmeriHealth Caritas Health			Health Group, Inc. / Blue Cross Blue		
00000		00000	20-4948091				TLLC	IN	NIA	Plan	Ownership	61.3	Shield of Michigan	N	
		1	20 10 1000 1										Independence	[	
													Health Group, Inc.		
													/ Blue Cross Blue		
										AmeriHealth Caritas Health			Shield of Michigan / Blue Cross Blue		
00000		00000	45-3790685				AmeriHealth Nebraska, Inc	NE	NIA	Plan	Ownership	42.9	Shield of Nebraska.	N	

1	2	3	4	5	6	7 Name of Securities	8	9	10	11	12 Type of Control (Ownership,	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
Code	Gloup Name	Code	Number	ROOD	CIK	internationar)	Of Allillates	Location	Littly	(Name of Emity/Ferson)	miliderice, Other)	Fercentage	Independence	(1/1N)	
00936	Independence Health Group,	14378	45-4088232				Florida True Health, Inc	FL	IA	AmeriHealth Caritas Health Plan	Ownership	61.3	Health Group, Inc. / Blue Cross Blue Shield of Michigan	N	
00000		00000	61-1720226				Community Care of Florida, LLC	FL	NIA	Florida True Health, Inc	Ownership	31.2	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan / Prestige Health Choice	N	
													Independence		
	Blue Cross Blue Shield of Michigan	11557	47 - 2582248				Blue Cross Complete of Michigan	М1	JI A	AmeriHealth Caritas Health	Ownership	30.6	Health Group, Inc. / Blue Cross Blue Shield of Michigan.	N	
							AmeriHealth Caritas Delaware,						Independence Health Group, Inc. / Blue Cross Blue		
00000		00000	61-1847073				Inc	DE	NIA	AMHP Holdings Corp	Ownership	61.3	Shield of Michigan.		
	Independence Health Group,	10.151											Independence Health Group, Inc. / Blue Cross Blue		
00936	Inc	16451	82-1141687				AmeriHealth Caritas Texas, Inc	TX	I A	AMHP Holdings Corp	Ownership		Shield of Michigan. Independence	N	
00936	Independence Health Group,	16/122	61-1857768				AmeriHealth Caritas New Mexico,	NM	J I A	AMHP Holdings Corp	Ownership	61.3	Health Group, Inc. / Blue Cross Blue Shield of Michigan.	N	
00000		10422	01-100/700				AmeriHealth Caritas Kansas,	,J W			. 0#11013111p		Independence Health Group, Inc. / Blue Cross Blue		
00000		00000	82-3313629				Inc.	KS	NIA	AMHP Holdings Corp	Ownership	61.3	Shield of Michigan.	N	
00000		00000	00 4404074				AmeriHealth Caritas North	NO	NIIA	AMUR Halding One	Ower sale is	04.0	Independence Health Group, Inc. / Blue Cross Blue		
00000		00000	83-1481671				Carolina, Inc	NC	NIA	AMHP Holdings Corp	Ownership		Shield of Michigan.	N	
													l		
									1						
				•	•		·	•	•			•	•		

Asterisk	Explanation
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### **SCHEDULE Y**

## PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	1 2	3	4	5	6	7	8	9	10	11	12	40
!	2	J	4	5	0	Income/	٥	9	10	''	12	13
					Purchases, Sales or							Reinsurance
					Exchanges of	Incurred in						Recoverable/
					Loans, Securities,	Connection with		Income/		Any Other Material		(Payable) on
					Real	Guarantees or		(Disbursements)		Activity Not in the		Losses and/or
NAIC						Undertakings for the	Management	Incurred Under		Ordinary Course of		Reserve
Company	ID		Shareholder	Capital	Loans or Other	Benefit of any	Agreements and	Reinsurance		the Insurer's		Credit
Company	Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Dividends	Capital	Investments	Affiliate(s)	Service Contracts	Agreements	*	Business	Totals	Taken/(Liability)
95458	57 - 1032456	Select Health of South Carolina, Inc	(29,500,000)	Continuations	IIIVESIIIIEIIIS	Allillate(5)	(152,214,985)	Agreements	-	Busilless	(181,714,985)	rakeri/(Liability)
	26-0885397	CBHNP Services, Inc.	(29,500,000)		<b>†</b>		(132,214,903)		ł	†·····	0 (101,714,905)	
14143	27 - 3575066	AmeriHealth Caritas Louisiana, Inc	(9,400,000)		·····		(04 400 400)		·····	<del> </del>		
14 143	45-4088232	Amerinearth Caritas Louisiana, inc	(9,400,000)		<b>+</b>		(81, 109, 482)		<b></b>	<del> </del>	(90,509,482)	
14378	45-4088232	Florida True Health, Inc					(172,587,732)		ļ	<b>†</b>	(171,742,939)	
15088	46 - 1480213 46 - 0906893	AmeriHealth Caritas DC, Inc.	(5,900,000)	10,000,000			(63,936,531)		ļ	<del> </del>	(59,836,531)	
15104	40-0906893	AmeriHealth Michigan, Inc.		9,000,000			(12,289,357)		ļ	<del> </del>	(3,289,357)	
00000	23-2859523	AmeriHealth Caritas Health Plan			<b>†</b>		95,356,990		ļ	ļļ.	95,356,990	
00000	45-5415725	AmeriHealth Caritas Services, LLC			ļ		244,986,171		ļ	ļ	244,986,171	
15800	47 - 3923267	AmeriHealth Caritas_lowa, Inc		5,000,000			(4,435,120)		ļ	(50,000,000)	(49,435,120)	
16451	82-1141687	AmeriHealth Carits Texas, Inc.		1,500,000					ļ	ļ	1,500,000	
16422	61-1857768	AmeriHealth Caritas New Mexico, Inc		1,500,000					ļ		1,500,000	
00000	27 - 0863878	PerformRx, LLC.					32,913,249		ļ	<u> </u>	32,913,249	
00000	61-1729412	PerformSpecialty, LLC					99,470,444		ļ	ļ	99,470,444	
00000 54291	26-1144363	AMHP Holdings Corp.	44,800,000	(27,000,000)					ļ	50,000,000	67,800,000	
54291	38-2069753	BCBSM Mutual Ins Co.					261,610		ļ		261,610	
00000	61-1720226	Community Care of Florida, LLC	(844,793)				13,584,743		<u> </u>	L	12,739,950	
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AmeriHealth Caritas lowa, Inc. distributed additional paid in capital in amount of \$50,000,000 to the shareholder, AMHP Holdings Corp., due to wind down of operations.

### SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

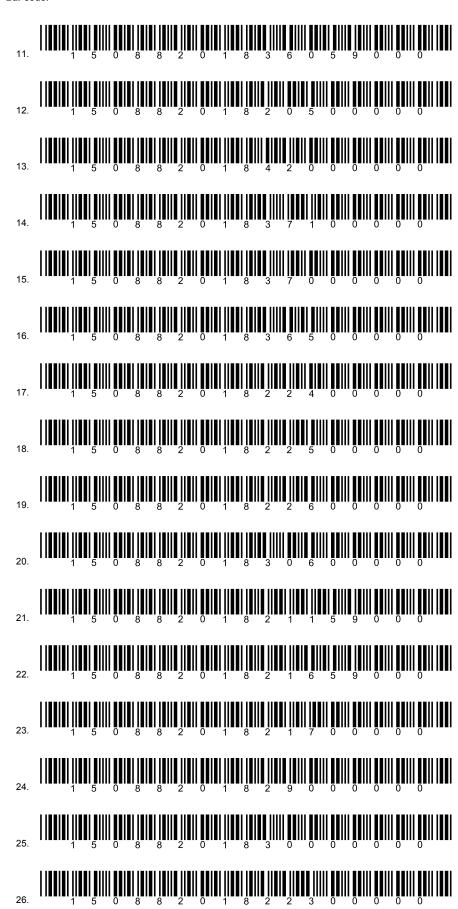
	MARCH FILING	Responses			
1.	·	YES			
2.					
3.		YES YES			
4.		YES			
	APRIL FILING				
5.	Will Management's Discussion and Analysis be filed by April 1?	YES			
6.	Will the Supplemental Investment Risks Interrogatories be filed by April 1?	YES			
7.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES			
	JUNE FILING				
8.	Will an audited financial report be filed by June 1?	YES			
9.	Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES			
	AUGUST FILING				
10.	Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1?	YES			
Howe interre	ollowing supplemental reports are required to be filed as part of your statement filing if your company is engaged in the type of business cover, in the event that your company does not transact the type of business for which the special report must be filed, your response concepts will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your component reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.	of NO to the specific			
	MARCH FILING				
11.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	N0			
12.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	N0			
13.	Will the Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	N0			
14.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	N0			
15.	domicile and electronically with the NAIC by March 1?	N0			
16.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	N0			
17.	filed electronically with the NAIC by March 1?	N0			
18.	electronically with the NAIC by March 1?	N0			
19.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed with electronically with the NAIC by March 1?	N0			
	APRIL FILING				
20.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	N0			
21.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	N0			
22.	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	N0			
23.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1?	N0			
24.		NO			
25.	Will the Adjustment to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit (if required) be filed with the state of domicile and the NAIC by April 1?	NO			
	AUGUST FILING				
26.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	NO			
Expla	nation:				
11. Bu	usiness not written				
12. Bu	usiness not written				
13. Bu	usiness not written				
14. Bu	usiness not written				
15. Bu	usiness not written				
16. Bu	usiness not written				
17. Bu	usiness not written				
18. Bu	usiness not written				

19. Business not written

### SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

- 20. Business not written
- 21. Business not written
- 22. Business not written
- 23. Business not written
- 24. Business not written
- 25. Business not written
- 26. Business not written

#### Bar code:



## SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

## **OVERFLOW PAGE FOR WRITE-INS**

M002 Additional Aggregate Lines for Page 02 Line 25. \*ASSETS - Assets

		2	3	4
	1			
			Net Admitted	
		Nonadmitted	Assets	Net Admitted
	Assets	Assets	(Cols. 1 – 2)	Assets
2504. Goodwill.	(1,179,566)		(1,179,566)	(1,451,774)
2505. Deposits.	803 , 367	803,367	0	0
2597. Summary of remaining write-ins for Line 25 from Page 2	(376, 199)	803,367	(1, 179, 566)	(1,451,774)

M004 Additional Aggregate Lines for Page 04 Line 14. \*REVEX1 - Statement of Revenue and Expenses

	1	2	3
	Uncovered	Total	Total
1404. Consumer Incentives		680,619	686 , 150
1497. Summary of remaining write-ins for Line 14 from Page 04	0	680,619	686,150

M014 Additional Aggregate Lines for Page 14 Line 25. \*EXEXP - Underwriting and Investment Exhibit - Part 3

	1	2	3	4	5
	Cost	Other Claim	General		
	Containment	Adjustment	Administrative	Investment	
	Expenses	Expenses	Expenses	Expenses	Total
2504. Purchased Services.	631,596		419,225		1,050,821
2505. Penalties.	0		1, 101, 313		1,101,313
2597. Summary of remaining write-ins for Line 25 from Page 14	631,596	0	1,520,538	0	2,152,134

M016 Additional Aggregate Lines for Page 16 Line 25. \*EXNONADMIT - Exhibit of Nonadmitted Assets

EXITORADIM Exhibit of Normal Miller 7,0000			
	1	2	3
	Current Year Total	Prior Year Total	Change in Total Nonadmitted Assets
	Nonadmitted Assets	Nonadmitted Assets	(Col. 2 – Col. 1)
2504. Leasehold Improvements	3,558,857	0	(3,558,857)
2505.		0	0
2597. Summary of remaining write-ins for Line 25 from Page 16	3,558,857	0	(3,558,857)

## **OVERFLOW PAGE FOR WRITE-INS**

M007 Additional Aggregate Lines for Page 07 Line 13. \*ANAOPS - Analysis of Operations by Lines of Business

7 ii ii to to 7 ii iai yolo or oporationo by Einico or Bacinico										
	1	2	3	4	5		7	8	9	10
						6				
		Comprehensive				Federal Employees	Title	Title		
		(Hospital &	Medicare	Dental	Vision	Health	XVIII	XIX	Other	Other
	Total	Medical)	Supplement	Only	Only	Benefit Plan	Medicare	Medicaid	Health	Non-Health
1304. Consumer Incentives								680,619		XXX
1397. Summary of remaining write-ins for Line 13										
from page 7	680,619	0	0	0	1 0	0	0	680.619 l	0	l xxx

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